

1766

MARGIN RESERVED FOR BINDING

4-208 d
V. 8, No. 98
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County of Cache State Arizona Registered No. _____
Township 18 R 21 E SLT R MR or Village St David or _____
City St David No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia Henrietta Martineau
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6 DATE OF BIRTH (month, day, and year) <u>Feb 4 1865</u>				
7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				
9 BIRTHPLACE (city or town) <u>Logan, Cache Co.</u> (State or country) <u>Utah</u>				
10 NAME OF FATHER <u>James H Martineau</u>				
11 BIRTHPLACE OF FATHER (city or town) <u>New York</u> (State or country) _____				
12 MAIDEN NAME OF MOTHER <u>Susan J Sherman</u>				
13 BIRTHPLACE OF MOTHER (city or town) <u>Far West</u> (State or country) <u>Missouri</u>				
14 Informant <u>C F Martineau</u> (Address) <u>Logan Utah</u>				
15 Filed <u>Aug 18 85</u> <u>J N Christensen</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (month, day, and year) <u>Aug. 20 1885</u>	
17 I HEREBY CERTIFY, That I attended deceased from <u>Aug. 10 1885</u> , to <u>Aug. 20 1885</u> that I last saw her alive on <u>Aug. 20, 1885</u> and that death occurred, on the date stated above, at <u>3 P. m.</u> The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> (duration) _____ yrs. _____ mos. _____ ds.	
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.	
18 Where was disease contracted _____ If not at place of death? _____ Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>Clinical</u> (Signed) <u>Gravesbeck</u> , M. D. , 19 (Address) <u>St. David</u>	
* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)	
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St. David</u>	DATE OF BURIAL <u>Aug 21 1885</u>
20 UNDERTAKER <u>Ray family</u>	ADDRESS _____